

## SPECIAL EDUCATION WEEKLY STUDENT TIME CARD FOR ALL WORK-BASED LEARNING AND EXPERIENTIAL LEARNING PLACEMENTS

Each student must complete a weekly time-card and obtain teacher's signature. Activities should be recorded daily and time-cards must be turned into the school attendance office weekly. School retains records.

Marking Period: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student Career Pathways as Identified on EDP: \_\_\_\_\_

DAY OF WEEK	DATE	TIME IN	TIME OUT	TOTAL HOURS PER DAY	STUDENT ACTIVITIES
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Education Teacher / Coordinator Signature

\_\_\_\_\_  
Date

Student: In this space list the date(s) you were absent for the week and your reason(s)

Special Education Teacher Comments(s)